

EXHIBIT 9

**SELECT MEDICAL GROUP OF MICHIGAN, PLLC
23350 GREENFIELD RD.
SUITE 200
OAK PARK, MI 48237**

PANACEA THERAPEUTIC SOLUTIONS
3815 W. FORT STREET
STE.: 207
DETROIT, MI 48126

ADVANCE RECOVERY SOLUTIONS
7455 FRANCE AVE. SOUTH
STE.: 373
EDINA, MN 55435

LINT CHIROPRACTIC PC
36700 WOODWARD AVE.
STE.: 202
BLOOMFIELD HILLS, MI 48304

RE.: ANAUTHORIZED SIGNATURES & BILLINGS

Dear Medical Providers:

Please allow me to introduce myself, my name is Pedro Toweh, M.D. and I operate Select Medical Group of Michigan, PLLC. The purpose in contacting you is to address a very disturbing series of recurring events.

Over the last few months, I have been asked to provide expert testimony relative to several of my patients who were injured and thereafter, brought suit. While testifying, I was provided several pre-generated prescriptions with each of your company's respective names. Please note that I do not use pre-generated prescriptions and only use my own prescriptions.

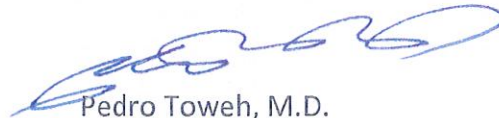
Candidly, I have never heard of your companies, I do not know of your products or services; and most importantly, each time I am provided a prescription for a patient (in these depositions), I am shown what purportedly is my signature (**Please See Attached**). **PLEASE NOTE THAT THE SIGNATURES ON THE ATTACHED PRE-GENERATED PRESCRIPTIONS ARE NOT MY SIGNATURE.**

When we submit our own billings, we never incorporate your billings for payment. As this is the case, I am at a loss as to how and who is submitting your prescriptions (with forged signatures) and billings for services to the different insurance companies.

I need immediate action to suspend any and all billings to insurance companies under the untruthful claim that I examined the patient and determined that they needed your professional services. I need you to investigate who, on your respective end, is submitting billings with false signatures on prescriptions.

I take this matter seriously and have decided to notify the State Attorney General (with a carbon copy of this letter) as I believe that inappropriate action is taken with the untruthful claim that I have prescribed patients with your medical devices/services. I would ask that you cooperate with the State if they contact you such that my name will be cleared up along with all other innocent parties. I thank you for your anticipated cooperation.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Pedro Toweh', is written above the printed name.

Pedro Toweh, M.D.

c.c.: Dana Nessel, Michigan Attorney General

08/08/2022 MON 11:58 FAX

032/056

LINT CHIROPRACTIC PC

**Referral for Trigger Points Impedance Imaging (TPII)
Localized Intense Neurostimulation Therapy (LINT) (if necessary)**

Today's Date: 4/7/21 Date of Accident: 3/30/21

Patient Name: _____

Referring Physician: Toweh Pedro, M.D.

Referring Physician Address: 23350 Greenfield Rd, #200, Oak Park, MI 48237

Treatment Location: 23350 GREENFIELD RD, SUITE #200, OAK PARK, MI 48237

In order to expedite scheduling of your patient, please fax demographic, insurance information and PR2 with request for authorization stating medical necessity together with this form. Your attention to this matter is greatly appreciated and will avoid unnecessary phone calls from us.

☒ M54.6 Thoracic Spine Pain

☐ M60.88 Thoracic Myofascitis

☒ M54.5 Lumbar Spine Pain

☐ M79.1 Lumbosacral Myofascitis

I, the undersigned, confirm the order for the aforementioned patient. It is my professional medical opinion that the use of the above-mentioned medical treatment is both reasonable and medically necessary for this patient. I have evaluated this patient and certify that the prescribed treatment is medically necessary. I declare under penalty of perjury that foregoing is true and correct.

Physician's Signature: _____



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